MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07394

7412 CERTIFICATE OF DEATH

Reg. Dist. No. 97

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge X
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford, RD #2
STREET ADDRESS (If rural give location) 75X-3

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Joseph (Last) Andersen
4. DATE OF DEATH: (Month) 8 (Day) 2 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8-1-54
9. AGE last birthday: — — yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours 10 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): — — —
10b. KIND OF BUSINESS OR INDUSTRY: — — —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John "C" Andersen
14. MOTHER'S MAIDEN NAME: Maglene Ray

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — — — (If Yes, give war or dates of service) — — —
16. SOCIAL SECURITY NO.: — — —
17. INFORMANT & ADDRESS: John "C" Andersen, R.D.#2, Oxford, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

776 X

Immediate cause (a) Premature birth, neo-natal Death
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1, 1954 to 8-2, 1954, that I last saw the deceased alive on 8-2, 1954, and that death occurred at 1245, from the causes and on the date stated above.

SIGNATURE Robert F. Neal (Degree or title) Robert F. Neal, LT MC USN
ADDRESS Bainbridge, Md.
DATE SIGNED 8-3-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-3-54
NAME OF CEMETERY OR CREMATORY West Nottingham Cemetery
LOCATION (City, town, or county) Colora, (State) Md
DATE REC'D BY LOCAL REGISTRAR 8-2-54
REGISTRAR'S SIGNATURE Dorothy B Bramble
24. FUNERAL DIRECTOR Lee A. Patterson & Son
ADDRESS Perryville, Md

2084211292

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 6 1954
BUREAU V. S.

7413 07395

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earlville Rural
LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Philadelphia 75X-3
STREET ADDRESS (If rural, give location) 3256 Sanson.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) REBECCA BAVE
4. DATE OF DEATH (Month) (Day) (Year) 8 15 1954

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 10-30-1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Philadelphia Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Megaw
14. MOTHER'S MAIDEN NAME: Rebecca McGall.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Robert Bave 3256 Sanson St Phila Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Dodson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-15-54

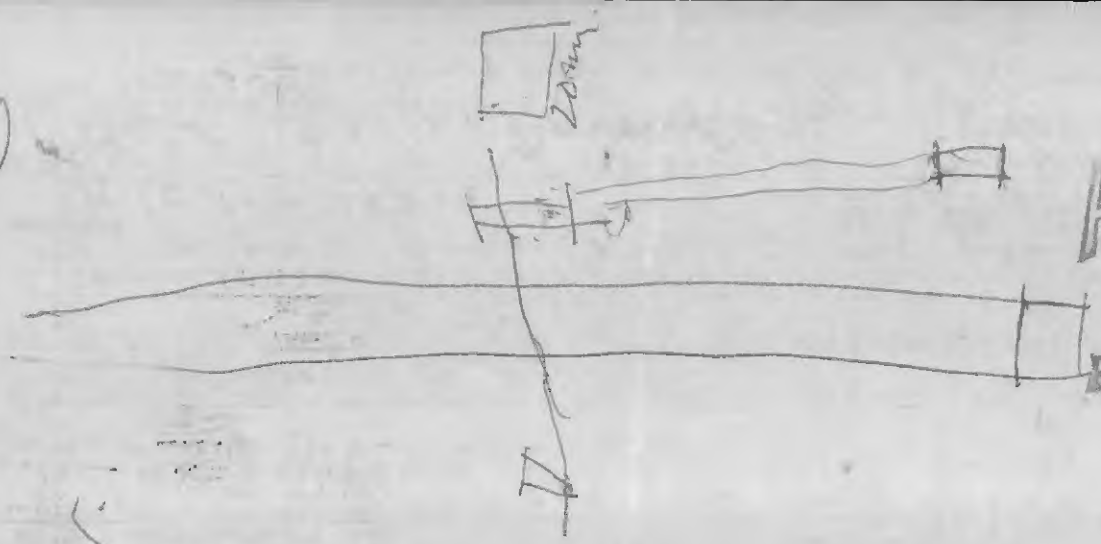
23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Aug 18 1954
NAME OF CEMETERY OR CREMATORY Fernwood Cem
LOCATION (City, town, or county) Lansdown (State) Pa.

DATE REC'D BY LOCAL REG. 8-15-54
REGISTRAR'S SIGNATURE Mrs. Harold W. Cheyney
24. FUNERAL DIRECTOR Edward Villaume Millington Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53



RECEIVED
AUG 17 1954
BUREAU V. S.

Item 21 Film G169 9-2-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07396

7414 **CERTIFICATE OF DEATH** Reg. Dist. No. 91

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chesapeake City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chesapeake City
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) (Last) BURKE

4. DATE OF DEATH: (Month) Aug. (Day) 27, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: May 18 1862

9. AGE Last birthday 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Burke

14. MOTHER'S MAIDEN NAME: Sarah Jackson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Arthur Baily Rural Middletown Del.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Bronchopneumonia — 2 days
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Fractured left Hip — 2 weeks
DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) (COUNTY) 07 (STATE)

TIME OF INJURY (Month) 8-5-54 (Day) (Year) (Hour) A m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Fell getting out of bed

22. I hereby certify that I attended the deceased from July 20, 1954, to Aug 27, 1954, that I last saw the deceased alive on Aug 26, 1954, and that death occurred at 5:05 A.M., from the causes and on the date stated above.
SIGNATURE Henry Davis (Degree or title) MD ADDRESS Chesapeake City Md DATE SIGNED 8/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 30 1954
NAME OF CEMETERY OR CREMATORY Cecilton Cem.
LOCATION (City, town, or county) Cecilton (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug 31/54
REGISTRAR'S SIGNATURE Mrs Ralph A. Bell

24. FUNERAL DIRECTOR Edward Pellow ADDRESS Millington Md.

VS. A15

RECEIVED
AUG 31 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07397

7403 CERTIFICATE OF DEATH Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton, 21
LENGTH OF STAY (in this place) 4 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton, Md 21
STREET ADDRESS (If rural give location) 23-7 W Main

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) William (Last) Carroll
4. DATE OF DEATH (Month) Aug (Day) 1 (Year) 1954
5. SEX M. 6. COLOR OR RACE: Col 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): 8. DATE OF BIRTH: July 28, 1954 9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 4 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Elkton, Md 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm Carroll
14. MOTHER'S MAIDEN NAME: Dorothy Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: mother

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

761.0
IMMEDIATE CAUSE (A) Intracranial Hemorrhage
ANTECEDENT CAUSE (S) DUE TO (B) Central Tear
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Difficult delivery, face presentation (Low forceps - Prolonged labor)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19..... , to ..... , 19..... , that I last saw the deceased alive on ..... , 19..... , and that death occurred at ..... M, from the causes and on the date stated above.
SIGNATURE Clifford R. Brooks M.D. ADDRESS Newark, Del. DATE SIGNED 2 August 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug 3/54
NAME OF CEMETERY OR CREMATORY New Catholic
LOCATION (City, town, or county) (State) Elkton, Md

DATE REC'D BY LOCAL REGISTRAR 2 7 AUG 1954
REGISTRAR'S SIGNATURE J R Frazer
24. FUNERAL DIRECTOR Pippin Funeral Home
ADDRESS W H Pippin

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07398

7415 **CERTIFICATE OF DEATH** Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PERRY POINT
LENGTH OF STAY (in this place) 3 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VA HOSPITAL, PERRY POINT, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE WASHINGTON, D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 47X-3
STREET ADDRESS (If rural give location) 1749 LYMAN PLACE, N.E.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) R. (Last) CARTER
4. DATE OF DEATH: (Month) 8 (Day) 28 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 3-14-93
9. AGE last birthday 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECHANIC
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: GEORGE R. CARTER
14. MOTHER'S MAIDEN NAME: MARY CARTER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW-1
16. SOCIAL SECURITY NO. 579 07 8275
17. INFORMANT & ADDRESS: HOSPITAL RECORDS, VAH, PERRY POINT, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

IMMEDIATE CAUSE (A) Metastatic Adeno Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSE (S) DUE TO (B) Gastric Adeno Carcinoma — 1½ yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 5/6/54
19B. MAJOR FINDINGS OF OPERATION: Subtotal gastrectomy and Gastrojejunostomy. (Adenocarcinoma of stomach with metastases.
20. AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Aug. 11, 1954, to Aug. 28, 1954 ~~that I last saw the deceased alive on~~ ~~XXXXXXXXXXXX XXXX 19XXX~~ and that death occurred at 1:05 AM from the causes and on the date stated above.

SIGNATURE W. OPPLER, M.D. ADDRESS Chief, Professional Services, VAH., Perry Point, Md. DATE SIGNED 8-30-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF: 8/31/54
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery, Ft. Myer, Virginia.
LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR: Aug 31 1954
REGISTRAR'S SIGNATURE: Ida M. Daugherty Actg Reg
24. FUNERAL DIRECTOR: Pennington & Son PENNINGTON & SON
ADDRESS: Havre De Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
SEP 2 1954
BUREAU V. S.

7416

07393

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN North East RD
LENGTH OF STAY (in this place) Enroute
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 525 S. Chapel.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
ANDREW CATALDI	8 15 1954

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M.	White	Married	Jan. 30, 1888	66 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Painter	H. Painter	Italy.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Giovanni Antonio Cataldi	Antonica Fois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	218-16-4060	Lillian Cataldi 525 S. Chapel St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fractured skull. Crushed Chest
DUE TO Fracture of both legs lower.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) numerous abrasion & Lacerations
DUE TO face Skull & hands & body.
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	21c. (City or town) (County) (State)
	Route 40	North East RD Cecil Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
8 10 54 320 P.M.		Was hit by a car.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. LeDoctor M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8-15-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 18, 1954	Moreland Memorial Park	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-16-54	A.W. Hedrick Deputy	Lilly & Zeiler Inc.,	403 S. Wolfe St.

07460

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7404

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton. LENGTH OF STAY (In this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 143 W. High St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton.
STREET ADDRESS (If rural, give location) 143 W. High St.

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) (Last) Clayton
4. DATE OF DEATH (Month) Aug. (Day) 26 (Year) 1954
5. SEX M.
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH Jan. 18, 1887
9. AGE last birthday 67 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Cutter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Phila. Pa
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edward Clayton
14. MOTHER'S MAIDEN NAME Fannie Patterson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) No world war
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Edith Clayton, Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular renal — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1930, to 8/26, 1954, that I last saw the deceased alive on 8/26, 1954, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE J. Herbert Bates (Degree or title) M.D. ADDRESS Elkton Md DATE SIGNED 8/27/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial. DATE THEREOF Aug 29/54 NAME OF CEMETERY OR CREMATORY Elkton. LOCATION (City, town, or county) Elkton, Md (State)
DATE REC'D BY LOCAL REG. Aug 28 REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Pippin Funeral Home ADDRESS
By [illegible] Pippin

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07401

7417 CERTIFICATE OF DEATH Reg. Dist. No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Cecil MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East

LENGTH OF STAY (in this place) 25 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Rd # 2

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Cecil

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East

STREET ADDRESS (If rural, give location) Rd # 2

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Frank (Last) Cliff

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	2-24 1870	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Steel Maker	Tool Maker	Philadelphia, Penna	USA

13. FATHER'S NAME: Henry Cliff

14. MOTHER'S MAIDEN NAME: Ann No information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no		none	Elmina Cliff North East Rd 2 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Left cerebral Hemorrhage with rt. Hemiplegia	5 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive Arteriosclerotic Cardio Vascular Renal Disease	10 yrs.
DUE TO		
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— M.	—	—

22. I hereby certify that I attended the deceased from 5 Aug, 1954, to 10 Aug, 1954, that I last saw the deceased alive on 10 Aug, 1954, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

SIGNATURE Klaus H Hamker (DEGREE OR TITLE) M.D. ADDRESS North East, Md DATE SIGNED 11 Aug '54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 14-54	Methodist	North East, Cecil Co., Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 14-54	Sarah E. Rothermel	Joseph S. Frau	North East, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7418 07402

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 7yrs.1mo.22days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3907 Woodridge Avenue

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) A. (Last) CONROY

4. DATE OF DEATH (Month) August (Day) 4 (Year) 1954

5. SEX Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10-4-1891
9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Odd jobs as cook or baker
10B. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hospital Records, Veterans, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Pulmonary edema and congestion, bilateral	3 to 4 days
ANTECEDENT CAUSE (S) DUE TO	(B) Cerebral edema, bilateral	3 to 4 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) Coronary sclerosis, moderate, severe	unknown

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, generalized, moderate — unknown

19A. DATE OF OPERATION: 8-2-54
19B. MAJOR FINDINGS OF OPERATION: Sub-total gastric resection.
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 6-13, 1947, to 8-4, 1954, ~~that I last saw the deceased alive on~~ and that death occurred at 12:00 M, ~~from the causes and on the date stated above.~~

SIGNATURE W. OPPLER, Chief, Professional Services M.D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 8-6-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 8/8/54
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR Aug 8, 1954
REGISTRAR'S SIGNATURE Irene C Dougherty
24. FUNERAL DIRECTOR Cennington & Son ADDRESS Harrodsburg Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 074103

7419 CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit, Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit, Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) B. (Last) Craig

4. DATE OF DEATH: (Month) Aug (Day) 24 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Sept. 10, 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Dr. Robert E. Bromwell

14. MOTHER'S MAIDEN NAME: Florence Coulson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Roberta B. Craig, Port Deposit, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Haemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerosis

DUE TO

(c) Arteria Sclerosis

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 29 1949, to Aug. 24, 1954, that I last saw the deceased alive on Aug 17, 1954, and that death occurred at 6.15 P.M., from the causes and on the date stated above.

SIGNATURE L. J. Magaw (Degree or title) M.D. ADDRESS Perryville Md. DATE SIGNED Aug 25 1954,

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8-27-1954

NAME OF CEMETERY OR CREMATORY West Nottingham

LOCATION (City, town, or county) Colora, Md. (State) Rural

DATE REC'D BY LOCAL REGISTRAR Aug 25 1954

REGISTRAR'S SIGNATURE Ida M. Daugherty acts Reg.

24. FUNERAL DIRECTOR AND ADDRESS W. A. Patterson & Son. Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun. LENGTH OF STAY (In this place) all life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cherry St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) LORAINE (Middle) FRANCES (Last) FASSITT
4. DATE OF DEATH (Month) 8 (Day) 27 (Year) 1954
5. SEX F. 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH: 7-12-1877 9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework. 10b. KIND OF BUSINESS OR INDUSTRY: own home. 11. BIRTHPLACE (State or foreign country): Rising Sun Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Fassitt 14. MOTHER'S MAIDEN NAME: Catherine Van Saint
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: Margaret Fassitt 89 Shelbourne Rd Springfield Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)
Immediate cause (a) ..... DUE TO Acute Coronary Occlusion
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE R. E. Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8/31-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 8-30-54 NAME OF CEMETERY OR CREMATORY Rose Bank Cem. LOCATION (City, town, or county) (State) Rising Sun, Cecil Md.
DATE REC'D BY LOCAL REG. Aug. 28, 1954 REGISTRAR'S SIGNATURE L. W. Woodington 24. FUNERAL DIRECTOR J. Earl Tyson ADDRESS Rising Sun Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7405

07405

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (in this place) 1 mon.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Allegheny. CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bellevue; STREET ADDRESS (If rural, give location) 131 Peace Ave.

3. NAME OF DECEASED: (First) MARION (Middle) (Last) FERRANTI

4. DATE OF DEATH (Month) 8 (Day) 21 (Year) 1954

5. SEX M. | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH: Nov 16-1899 | 9. AGE last birthday: 54 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Foreman | 10b. KIND OF BUSINESS OR INDUSTRY: Dairy | 11. BIRTHPLACE (State or foreign country): Italy. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: no information | 14. MOTHER'S MAIDEN NAME: no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 208-01-5717 | 17. INFORMANT & ADDRESS: Lydia Ferranti 131 Peace Ave. Bellevue Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Coronary Occlusion — Interval between onset and death

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Woodrow M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8/21-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF 8/22/54 | NAME OF CEMETERY OR CREMATORY Avalon | LOCATION (City, town, or county) Penna. (State)

DATE REC'D BY LOCAL REG. Aug 22 | REGISTRAR'S SIGNATURE H. R. Frazer | 24. FUNERAL DIRECTOR ADDRESS Pappas Funeral Home By D. D.

AUG

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07406

7421

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point, Maryland
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maddox
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) MARSHALL (Middle) (Last) GANTT

4. DATE OF DEATH (Month) August (Day) 29 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: Nov. 14, 1888
9. AGE last birthday 65 yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tax Agent
10B. KIND OF BUSINESS OR INDUSTRY: U. S. Gov't.
11. BIRTHPLACE (State or foreign country): St. Marys Co., Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN G. GANTT Deceased
14. MOTHER'S MAIDEN NAME: LAURA SMITH Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Emboli, cerreberal, left — INTERVAL BETWEEN ONSET AND DEATH: 18 days

ANTECEDENT CAUSE (S) DUE TO (B) Mural Thrombus, left Auricular Appendage with infarction of the Spleen and left Kidney — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerosis, generalized — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Aug. 20, 1954 to Aug. 29, 1954, ~~that I last saw the deceased~~ ~~alive on~~ ~~[illegible]~~, and that death occurred at 2:10A M, from the causes and on the date stated above.

SIGNATURE W. OPPLER, M.D. — ADDRESS Chief, Professional Services, VAH, Perry Point, Md. — DATE SIGNED 8-30-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF: 8-30-54
NAME OF CEMETERY OR CREMATORY: All Saints Church Cemetery
LOCATION (City, town, or county) (State): Sunderland, Maryland

DATE REC'D BY LOCAL REGISTRAR: Aug 30, 1954
REGISTRAR'S SIGNATURE: Ida M. Dougherty acty Reg
24. FUNERAL DIRECTOR: W. C. Mattingly — ADDRESS: Leonardtown, Md.
W. C. MATTINGLY SONS, Leonardtown, Md.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SEP 1
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Item 18 Film G169 8-27-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07407

7422

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH.
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 1 Mo. 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VAHerans administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Route #1, Box # 125
STREET ADDRESS (If rural give location) Box # 125

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Gorman L. HINES, Sr.

4. DATE OF DEATH: (Month) (Day) (Year) August 19 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 29, 1915
9. AGE last birthday 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman
10B. KIND OF BUSINESS OR INDUSTRY: Rail Road
11. BIRTHPLACE (State or foreign country): Boonsboro, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Hines
14. MOTHER'S MAIDEN NAME: Nina Gaylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO. 220 10 4052
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Brain Tumor Left, with Basal Ganglia ~~Involvment~~ Malignant

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 5 Mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: August 17, 1954
19B. MAJOR FINDINGS OF OPERATION: Brain Tumor Left with Basal Ganglia Involvement.
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1-54, 19 ...., to 8-19-.., 1954, ~~that I last saw the deceased alive on ..... 19 ....~~, and that death occurred at 3:58PM, from the causes and on the date stated above.

SIGNATURE J.E. Reahl
J.E. REAHL, Officer of the Day
ADDRESS V.A. Hospital, Perry Point, Md.
DATE SIGNED 8-19-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 8-19-54
NAME OF CEMETERY OR CREMATORY Brownsville ~~Boonsboro~~ Spm
LOCATION (City, town, or county) (State) Brownsville Boonsboro, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-19-54 8/19/54
REGISTRAR'S SIGNATURE Ida M. Daugherty acty Reg
24. FUNERAL DIRECTOR Wm F. Bast & Sons Spm
ADDRESS BAST FUNERAL HOME, Boonsboro, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

AUG 2
LIBRARY U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07408

7406 CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton #1 — LENGTH OF STAY (in this place) 5 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Devine Nursing Home (121)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perryville RD1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lulu (Middle) M. (Last) Jackson

4. DATE OF DEATH: (Month) August (Day) 29 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 30, 1871

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home maker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin Gilbert

14. MOTHER'S MAIDEN NAME: Clemecy Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: David Jackson, Perryville RD1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Pulmonary edema — 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio vascular renal — 1 year

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured hip — Apr. '54

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/15, 1954, to 8/29, 1954, that I last saw the deceased alive on 8/29, 1954, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

SIGNATURE Herbert Bates, M.D. (Degree or title) — ADDRESS Elkton Md — DATE SIGNED 8/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept 1 — NAME OF CEMETERY OR CREMATORY Asbury Cemetery — LOCATION (City, town, or county) Port Deposit — (State) Md

DATE REC'D BY LOCAL REGISTRAR Aug 31 — REGISTRAR'S SIGNATURE J R Trageser

24. FUNERAL DIRECTOR L. C. Patterson & Son — ADDRESS Perryville

SEP 1
BUREAU V. S.

7423

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 07409

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 525

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton Rural. LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE NC COUNTY Robinson
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Shannon.
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) H (Last) Jacobs
4. DATE OF DEATH (Month) 8 (Day) 14 (Year) 1954
5. SEX M. 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: July 12-1912
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): South Carolina 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Jacobs.
14. MOTHER'S MAIDEN NAME: Fannie Hatchel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT & ADDRESS: Hubert Akers Rising Sun Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) DUE TO Fractured neck. Crushed chest.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Road
21c. (City or Town) Elkton Rural (County) Cecil (State) Md.
21d. TIME OF INJURY (Month) 8 (Day) 14 (Year) 54 (Hour) 8:10 A. M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Hit an abutment

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE R LeDoctor MD M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8-14-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF Aug 16 1954 NAME OF CEMETERY OR CREMATORY Pembroke, LOCATION (City, town, or county) North Carolina (State)
DATE REC'D BY LOCAL REG. Aug 16 REGISTRAR'S SIGNATURE F B Frazer
24. FUNERAL DIRECTOR H. W. Pepper & Son ADDRESS Elkton, Md

DD.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07410

7424 CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 12yrs.6mo.5days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE (D. C.) Md. COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington Forestville 16X-2
STREET ADDRESS (If rural give location) 5947 Ritchie Road, S.E.

3. NAME OF DECEASED: (Type or Print) (First) MABEL (Middle) D. (Last) JONES

4. DATE OF DEATH: (Month) August (Day) 1 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 2-19-1899
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Typist & Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Treasury Dept.
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard E. Keister
14. MOTHER'S MAIDEN NAME: Lillian Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Pneumonia, bronchial, bilateral	3 to 4 days
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Carcinomatosis generalized	Approx. 7 months
DUE TO		
	(C) Adenocarcinoma, right breast	Approx. 7 months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 4-26-54
19B. MAJOR FINDINGS OF OPERATION: Modified radical mastectomy, right, with application of split graft.
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-27. ., 1942, to 8-1. ., 1954, and that death occurred at 5:05 AM, from the causes and on the date stated above.
SIGNATURE W. OPPLER, Chief, Professional Services M. D. ADDRESS V.A.Hospital, Perry Point, Md. DATE SIGNED 8-2-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 8-2-54
NAME OF CEMETERY OR CREMATORY Columbia Garden
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR Aug 2-1954
REGISTRAR'S SIGNATURE Ida M. Daugherty
24. FUNERAL DIRECTOR W.W. Chambers ADDRESS W.W.CHAMBERS, 517-11th St., S.E. Wash. D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

AUG 4 19
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07411

7407 CERTIFICATE OF DEATH

Reg. Dist. No. 7

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RD#1 Elkton, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) PHILIP (Last) Jones

4. DATE OF DEATH: (Month) Aug (Day) 29 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: May 29, 1889
9. AGE last birthday: 65 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Elkton, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Jones
14. MOTHER'S MAIDEN NAME: Margaret Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None -
17. INFORMANT & ADDRESS. wife. Elsobeth Jones RD#1 Elkton.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebro-vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 7½ hrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arterio-sclerosis — years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchial Asthma, Pulm. Emphysema

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16, 1954, to Aug 29, 1954, that I last saw the deceased alive on Aug 29., 1954., and that death occurred at 6:06 a.m., from the causes and on the date stated above.

SIGNATURE Wallace Obenshain M. D. — ADDRESS Cecilton, Md — DATE SIGNED 29 Aug-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Sept. 1 '54 — NAME OF CEMETERY OR CREMATORY Elkton — LOCATION (City, town, or county) Elkton, Md (State)

DATE REC'D BY LOCAL REGISTRAR Aug 31 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Pippin Funeral Home — By — ADDRESS: Elkton, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07412

7425

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Port Deposit
MARYLAND LENGTH OF STAY (in this place): 36 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: North Main

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit
STREET ADDRESS (If rural give location): North Main

3. NAME OF DECEASED: (First) Oliver (Middle) S. (Last) Lambert

4. DATE OF DEATH: (Month) Aug. (Day) 28 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July, 1877

9. AGE Last birthday: 77 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Mail carrier

10b. KIND OF BUSINESS OR INDUSTRY: U S P O

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William T. Lambert

14. MOTHER'S MAIDEN NAME: Mary Alice Owens

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Emma E. Lambert, Port Deposit, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cerebral Hemorrhage	12 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerosis	6 yrs.
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 17, 1954, to Aug 27, 1954, that I last saw the deceased alive on Aug 27, 1954, and that death occurred at 2 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Florence Harrison, M.D. ADDRESS: Port Deposit, Md. DATE SIGNED: Aug. 29. 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8-31-1954 | NAME OF CEMETERY OR CREMATORY: West Nottingham | LOCATION (City, town, or county) (State): Colora, Md. Rural

DATE REC'D BY LOCAL REGISTRAR: Aug 31, 1954 | REGISTRAR'S SIGNATURE: Ida M. Daugherty actg. Reg.

24. FUNERAL DIRECTOR: Wm. A. Patterson & Son ADDRESS: Perryville, Md.

SEP 2
BUREAU V. S.

07413

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7426

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 1 Mo. 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Augusta
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waynesboro
STREET ADDRESS (If rural give location) 552 Sherwood Avenue

3. NAME OF DECEASED: (Type or Print) (First) DANIEL (Middle) R. (Last) MARTIN, JR.

4. DATE OF DEATH: (Month) August (Day) 18 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 6-16-1910
9. AGE last birthday 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10B. KIND OF BUSINESS OR INDUSTRY: Wortendyke Mfg.Co.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel R. Martin, Sr. - Deceased
14. MOTHER'S MAIDEN NAME: Savilla Drivar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Endocarditis subacute aortic valves	Unknown
ANTECEDENT CAUSE (S)	DUE TO	Since
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Embolism, multiple, with thrombus formations	7-9-54
	DUE TO in superior mesenteric, & left renal artery	Since
	(C) Gangrene, massive, small bowel	7-9-54

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 7-9, 1954, to 8-18, 1954, ~~that I last saw the deceased alive on 19~~ and that death occurred at 3:20 AM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services M.D.
ADDRESS VAH, Perry Point, Md.
DATE SIGNED 8-18-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 8-18-54
NAME OF CEMETERY OR CREMATORY Springdale
LOCATION (City, town, or county) (State) Waynesboro, Virginia

DATE REC'D BY LOCAL REGISTRAR Aug. 18, 1954
REGISTRAR'S SIGNATURE Ida M. Dougherty acty Reg.
24. FUNERAL DIRECTOR Etter Funeral Home by Howard D. Wilson
ADDRESS ETTER FUNERAL HOME, Waynesboro, Virginia

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07414

7427

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 4624 - 43rd Place, N.W.

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) C. (Last) MC CARTY

4. DATE OF DEATH: (Month) August (Day) 25 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 4-22-1893
9. AGE last birthday 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Time Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Delaware Co., Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael McCarty - Deceased
14. MOTHER'S MAIDEN NAME: Emma Schuster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 280-01-1524
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15 X

IMMEDIATE CAUSE (A) Pneumonia, bronchial, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 3 to 4 days

ANTECEDENT CAUSE (S) DUE TO (B) Carcinoma of Esophagus, anaplastic type — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Carcinomatosis, generalized — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-2, 1954, to 8-25, 1954 ~~[illegible]~~, and that death occurred at 8:48A M, from the causes and on the date stated above.

SIGNATURE W. Oppler
W. OPPLER, Chief, Professional Services M. D. ADDRESS V.A.Hospital, Perry Point, Md. DATE SIGNED 8-25-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 8-25-54
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR Aug 27 1954
REGISTRAR'S SIGNATURE Ida M. Daugherty actg deg.

24. FUNERAL DIRECTOR PENNINGTON & SON, Harrd de Grace, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

REC'D
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BUREAU V. S.

7428

07415

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Northeast Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 656 Washington Blvd.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) JAMES MORTIMER MEYERS

4. DATE OF DEATH (Month) (Day) (Year) 8 20 1954

5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 3-25 1896
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Transportation
11. BIRTHPLACE (State or foreign country): Brooklyn N Y
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: David Meyers Sr.
14. MOTHER'S MAIDEN NAME: Virginia Becker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W W I
16. SOCIAL SECURITY No.: 215-03-5866
17. INFORMANT & ADDRESS: David Myers Jr. 656 Washington Blvd Baltimore Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Coronary Occlusion
DUE TO

Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R C Dodson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8/20-54

23. BURIAL, CREMATION, REMOVAL (Specify): B.
DATE THEREOF 8.24.54
NAME OF CEMETERY OR CREMATORY Baltimore Nat.
LOCATION (City, town, or county) (State) Balto.

DATE REC'D BY LOCAL REG. 8-23-54
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR [illegible]
ADDRESS 130 E. Fort Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07416

7429 CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point; LENGTH OF STAY (In this place) 4 Yrs. 11 Mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Arlington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington; STREET ADDRESS (If rural give location) 5216 Apt. A. Columbia Heights

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) F. B. (Last) Montgomery

4. DATE OF DEATH: (Month) August (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Feb. 15, 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jeweler

10B. KIND OF BUSINESS OR INDUSTRY: Jewelery- Self-employed

11. BIRTHPLACE (State or foreign country): New Bethlehem, Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Montgomery

14. MOTHER'S MAIDEN NAME: Anna Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) SAW

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Pneumonia, Bronchial, Bilateral	4 Days
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) Cystitis, Urinary, Bladder Ulcerative	Unknown
	DUE TO Diffuse	
	(C) Recto Vesical Fistula	Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Diverticula, Multiple, of the Rectum	Unknown

19A. DATE OF OPERATION: 7-28-54

19B. MAJOR FINDINGS OF OPERATION: Recto Vesical Fistula

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from 9-9, 1949, to 8-17, 1954, that I last saw the deceased alive on VA and that death occurred at 6:05 AM, from the causes and on the date stated above.

SIGNATURE W. OPPLER ADDRESS VAH, Perry Point, Md. DATE SIGNED 8-18-54

W. OPPLER, Chief, Professional Services M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal; DATE THEREOF 8-17-54; NAME OF CEMETERY OR CREMATORY Arlington National; LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR Aug 18, 1954; REGISTRAR'S SIGNATURE Ida M. Dwyghterty acty Reg

24. FUNERAL DIRECTOR ADDRESS PENNINGTON & SON, Havre de Grace, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07417

7408 CERTIFICATE OF DEATH Reg. Dist. No. 9

1. PLACE OF DEATH. COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 11 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Charlestown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Earl (Middle) D. (Last) Murphy
4. DATE OF DEATH: (Month) Aug (Day) 19 (Year) 1954
5. SEX: M. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced 8. DATE OF BIRTH: May 12, 1903
9. AGE last birthday 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fisherman
10B. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: C. Harry Murphy
14. MOTHER'S MAIDEN NAME: Bertha McQuirk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
16. (If Yes, give war or dates of service)
SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Ralph Murphy, Charlestown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion with myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Essential Hypertension — 2 yrs.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) —
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) — — —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8 Aug, 1954, to 19 Aug, 1954, that I last saw the deceased alive on 18 Aug, 1954, and that death occurred at 4:10 A.M., from the causes and on the date stated above.
SIGNATURE Klaus H Hueber M.D. M. D. ADDRESS North East Md DATE SIGNED 20 Aug '54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-22-1954
NAME OF CEMETERY OR CREMATORY Charlestown
LOCATION (City, town, or county) (State) Charlestown, Md.
DATE REC'D BY LOCAL REGISTRAR Aug 20
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Wm A. Patterson & Son
ADDRESS Perryville, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1 MARGIN RESERVED FOR BINDING

AUG 24
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07418

7430 CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
LENGTH OF STAY (in this place): 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville
STREET ADDRESS (If rural give location): Otsego

3. NAME OF DECEASED: (First) ROCCO (Middle) (NMI) (Last) NOTARCOLA

4. DATE OF DEATH: (Month) August (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 5-4-1895

9. AGE last birthday: 59 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trackman

10B. KIND OF BUSINESS OR INDUSTRY: Pennsylvania R.R.

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nicola Notarcola

14. MOTHER'S MAIDEN NAME: Maria Bragola

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 717 07 5473

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE
(A) Cerebrovascular accident (probably metastatic tumor) — INTERVAL BETWEEN ONSET AND DEATH: Approx. 6 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Carcinoma of left lung — Unknown
(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 8-16-54

19B. MAJOR FINDINGS OF OPERATION: Metastatic carcinoma, squamous, cell type.

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY occur?

22. I hereby certify that VA X attended the deceased from 7-28, 1954, to 8-24, 1954, [illegible] and that death occurred at 2:20P M, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services — ADDRESS M. D. V.A.Hospital, Perry Point, Md. — DATE SIGNED 8-25-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal — DATE THEREOF: 8-24-54 — NAME OF CEMETERY OR CREMATORY: Mt. Erin — LOCATION (City, town, or county) (State): Havre de Grace, Maryland

DATE REC'D BY LOCAL REGISTRAR: Aug 25 1954 — REGISTRAR'S SIGNATURE: Ida M. Daugherty actg. — 24. FUNERAL DIRECTOR AND ADDRESS: LEE A. PATTERSON & SON, Perryville, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07419

7431 CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH.
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 15yrs.25days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1218 N. Parrish Street ✓

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) (NMI) (Last) PARKER

4. DATE OF DEATH: (Month) August (Day) 23 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: 2-19-1895
9. AGE last birthday: 59 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Cement Work
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Byers
14. MOTHER'S MAIDEN NAME: Eleanor Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hemorrhage, subdural, left — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
DUE TO (B) Carcinomatosis generalized and to bone origin uncertain — Unknown
DUE TO (C) Arteriosclerosis generalized & cerebral severe — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-29, 1939, to 8-23, 1954, ~~that I last saw the deceased alive on~~ and that death occurred at 4:25PM, from the causes and on the date stated above.
SIGNATURE W. OPPLER, Chief, Professional Services M. D. ADDRESS V.A.Hospital, Perry Point, Md. DATE SIGNED 8-26-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 8-26-54
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Aug 26 1954
REGISTRAR'S SIGNATURE Ida M. Daugherty Asst Reg
24. FUNERAL DIRECTOR PENNINGTON & SON
ADDRESS Havre de Grace, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

07420

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7432 CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit
STREET ADDRESS (If rural give location) 150 N. Main St.

3. NAME OF DECEASED: (Type or Print) (First) I (Middle) Lawren ce (Last) Paxton
4. DATE OF DEATH: (Month) Aug. (Day) 25 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Sept.17,187 3
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Merch ant
10b. KIND OF BUSINESS OR INDUSTRY: Ice & Coal
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James W. Paxton
14. MOTHER'S MAIDEN NAME: Laura E. Lawrence

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Cecil L. Paxton, Port Deposit, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Myocard-tis — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardio Vascular disease — 3 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-3, 1953, to 8-25, 1954, that I last saw the deceased alive on 8-24, 1954, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] M.D. ADDRESS Port Deposit Cecil Md DATE SIGNED 8-27-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-28-1954
NAME OF CEMETERY OR CREMATORY Hopewell
LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REGISTRAR Aug 28, 1954
REGISTRAR'S SIGNATURE Ida M. Daugherty actg Reg
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 31 1954
BUREAU V. S.

7409

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 07421

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 21 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 121 Collins

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 121 Collins

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) (Last) PURDIE
4. DATE OF DEATH (Month) 8 (Day) 19 (Year) 1954

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: July 10 1910
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Robert Ewing
14. MOTHER'S MAIDEN NAME: Mary McNeil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: James Purdie 121 Collins St. Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO Acute Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO Hypertension (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY
21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. C. Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8-18-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 8/22/54
NAME OF CEMETERY OR CREMATORY Providence Cem.
LOCATION (City, town, or county) (State) Elkton, Md.

DATE REC'D BY LOCAL REG. Aug 21
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS 909 Poplar St.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07422

7410

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) BOY (Last) REYNOLDS

4. DATE OF DEATH: (Month) Aug. (Day) 26 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 21. 1954

9. AGE last birthday yrs — IF UNDER 1 YEAR: Months — Days 5 — IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Elkton Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Buddy Powers

14. MOTHER'S MAIDEN NAME: Frances Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Frances Reynolds. Nottingham Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Premature birth, neonatal death

ANTECEDENT CAUSE (S) DUE TO (Wt: 2lbs 2ounces; 5mo. gestation.)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 5 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Aug, 1954, to 26 Aug., 1954, that I last saw the deceased alive on 25 Aug, 1954, and that death occurred at 8 A.M, from the causes and on the date stated above.

SIGNATURE Klaus H. Hunter M. D. ADDRESS No. 14 E. 1st Rd DATE SIGNED 26 Aug '54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF aug 28/54 | NAME OF CEMETERY OR CREMATORY Mt Zoar, | LOCATION (City, town, or county) (State) Conowingo Cecil md

DATE REC'D BY LOCAL REGISTRAR 20 Aug 1954 | REGISTRAR'S SIGNATURE J R Frazer | 24. FUNERAL DIRECTOR L. E. Tyson. | ADDRESS Rising Sun md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

AUG
BUR U. S.

7433 MARYLAND STATE DEPARTMENT OF HEALTH 07423

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Cecil Rising Sun Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Sylmar
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
STREET ADDRESS (If rural, give location) Sylmar

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Ellis (Last) Rock 1865
4. DATE OF DEATH (Month) 8 (Day) 3 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Dec. 25 [illegible]
9. AGE [illegible] If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Carpentry
11. BIRTHPLACE (State or foreign country) Nottingham, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William Rock
14. MOTHER'S MAIDEN NAME Rachel ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No.
16. SOCIAL SECURITY No. 177-10-9668
17. INFORMANT AND ADDRESS Ellis R. Rock, Rising Sun.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Failure — Interval Between Onset and Death: 1 week

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Insufficiency

(c) Arteriosclerosis — Few years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-[illegible], 1954, to 8-[illegible], 1954, that I last saw the deceased alive on 7-31, 1954, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Henry J. [illegible] DO ADDRESS [illegible] Pine St [illegible] Pa. DATE SIGNED 8-3-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/5/1954
NAME OF CEMETERY OR CREMATORY Rosebank Cemetery
LOCATION (City, town, or county) (State) Calvert, Cecil Co. Md

DATE REC'D BY LOCAL REG. Aug 3-54
REGISTRAR'S SIGNATURE L M Northington
24. FUNERAL DIRECTOR Ralph M Reed ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 6
BUREAU V. S.

Items 8 & 9. See Film G169 9-10-54 jst

7424

07424

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 94

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East-Rural. LENGTH OF STAY (In this place) 36 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md Daniels Boat yd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Berks
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Reading ?
STREET ADDRESS (If rural, give location) Cedar Top Rd. R.D.1.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) WASHINGTON (Last) SCOTT
4. DATE OF DEATH: (Month) 8 (Day) 28 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M.	White	Married	April 22-[illegible]	59 60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Consulting Engineer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Philadelphia Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George M. Scott
14. MOTHER'S MAIDEN NAME: Rachel —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Ruth Naomi Scott Cedar Top Rd. Reading Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Coronary Thrombosis DUE TO — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town, (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L McDodson M. D. CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8-28-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
removal	Aug 28-54		Reading	Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
aug 28-54	Sarah E. Rothermel	Joseph R. Evans	North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07425

7411 CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY OR TOWN (If outside corporate limits write RURAL and give Nearest town) Elkton; LENGTH OF STAY (in this place) 3 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Devine Nursing Home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton; STREET ADDRESS (If rural give location) Devine Nursing Home.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Eliza (Last) STEWART

4. DATE OF DEATH: (Month) Aug (Day) 10 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-14-1871

9. AGE last birthday: 83 yrs

IF UNDER 1 YEAR: Months; Days

IF UNDER 24 HRS.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Teacher

10B. KIND OF BUSINESS OR INDUSTRY: Elementary

11. BIRTHPLACE (State or foreign country): Rowlandville Md

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Alexander Stewart

14. MOTHER'S MAIDEN NAME: Mary Gillespie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no

16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) none

17. INFORMANT (ADDRESS): Mrs Beatrice Grambling Elkton Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arterio Sclerosis + Hypertension — 10 yrs +

DUE TO (C) Ununited Fracture Rt Hip — 2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1950, to Aug., 1954, that I last saw the deceased alive on 8 Aug, 1954, and that death occurred at 12:05 A M, from the causes and on the date stated above.

SIGNATURE Geo J Kreis M D. ADDRESS Elkton Md DATE SIGNED 8-12-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 8-14-54

NAME OF CEMETERY OR CREMATORY: W. Nottingham

LOCATION (City, town, or county) (State): near Colora Md

DATE REC'D BY LOCAL REGISTRAR: Aug 13

REGISTRAR'S SIGNATURE: H R Frazer

24. FUNERAL DIRECTOR: J E Tyson Sons

ADDRESS: Rising Sun Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

AUG 16 19[illegible]

BUREAU [illegible]

7435

07426

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo Rural
LENGTH OF STAY (In this place) 2 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Conowingo Rural
STREET ADDRESS Mt Joe (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Jacqueline (Middle) ROMANE (Last) TOLBERT

4. DATE OF DEATH (Month) 8 (Day) 20 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5-7-54
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR Months 3 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Elkton Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Irvin Tolbert
14. MOTHER'S MAIDEN NAME: Elva Ramsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Elva Tolbert Conowingo Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) ..... Dehydration &
DUE TO
Antecedent cause(s) (b) ..... suffocation
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Aug 23/54
NAME OF CEMETERY OR CREMATORY Mt Joe Cem.
LOCATION (City, town, or county) (State) Conowingo Cecil Md.

DATE REC'D BY LOCAL REG. Aug 23/54
REGISTRAR'S SIGNATURE L M Worthington
24. FUNERAL DIRECTOR J. E. Tyson
ADDRESS Rising Sun. Md.

2054202364

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07427

7436 CERTIFICATE OF DEATH

Reg. Dist. No. 94

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East R/D
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East R D
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Geo (Middle) H (Last) Williams

4. DATE OF DEATH (Month) Aug (Day) 26 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 17 1881

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Orch Farmer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carroll Co. Va.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Henry H Williams

14. MOTHER'S MAIDEN NAME: Sarah Mc Crae

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 239128867

17. INFORMANT & ADDRESS: Spencer Williams

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebro vascular accident

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertension DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 24 hrs. coronary thrm

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953 to Aug 26, 1953 that I last saw the deceased alive on 8/26, 1953, and that death occurred at 8 A M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS DATE SIGNED 8/27/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Aug 29 1954 NAME OF CEMETERY OR CREMATORY Calvert Cem LOCATION (City, town, or county) Cecil Co. Md (State)

DATE REC'D BY LOCAL REGISTRAR Aug 27-54 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR H S Bailey ADDRESS Darlington Md

RECEIVED
AUG 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7437 CERTIFICATE OF DEATH

07428

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 1 Mo. 1 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MAR YLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE 12.24-2
STREET ADDRESS (If rural give location) C/O Silver's Canning House

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) M. (Last) ZAVERACH

4. DATE OF DEATH: (Month) 8 (Day) 30 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: January 2, 1893

9. AGE last birthday 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Capping Machine Opr.

10B. KIND OF BUSINESS OR INDUSTRY: Canning

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Zaverach

14. MOTHER'S MAIDEN NAME: Verna (Last Name Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-1

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: HOSPITAL RECORDS, VAH, PERRY POINT, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pneumonia, bronchial, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 5-6 Days

ANTECEDENT CAUSE (S) DUE TO (B) Empyema, left pleural cavity — Approx. 2 Weeks

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Cirrhosis of the liver — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Anasarca — Unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1954 to Aug. 30, 1954 death and that death occurred at 10: P M, from the causes and on the date stated above.

SIGNATURE E.S. Ellis, M.D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 9-3-54

E.S. ELLIS, M.D. Acting Chief Professional Services

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 8/31/54 — NAME OF CEMETERY OR CREMATORY Angel Hill Cemetery — LOCATION (City, town, or county) (State) Havre De Grace, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept 3, 1954 — REGISTRAR'S SIGNATURE Ida M. Daugherty acting Reg.

24. FUNERAL DIRECTOR Pennington & Son — ADDRESS PENNINGTON & SON, Havre de Grace, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 17 1954
BUREAU V. S.